Image# 11930321629 02/04/20/13P 01:32

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be used by Fersons (Other than Fortical Committees) including adamed Nonpront	orporations
1. (a) Name of Individual, Organization or Corporation	
FEMINIST MAJORITY	
(b) Address (number and street)	
(c) City, State and ZIP Code	
ARLINGTON VA 22209	FEC Identification Number
2. Corporate filers only	C C90010646
Is the filer a qualified nonprofit corporation?	
Individual filers only Name of Employer	0
Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report 24-Hour Notice 48-Hour	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☑ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \(\text{X} \)	
5. COVERING PERIOD: FROM MM M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS	1000.00
7. TOTAL INDEPENDENT EXPENDITURES	39014.52
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation.	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
THE ORTHINI NAME OF PERSON CONFERING FORM SIGNATURE	DATE
DIANE ELIZABETH CUTRI	01/31/2011
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 2/32

TEMIZED RECEIL TO		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person for the name and address of any political committee to solid	the purpose of soliciting contributions cit contributions from such committee
NAME OF FILER (In Full) FEMINIST MAJORITY		
Full Name (Last, First, Middle Initial) SUSAN ROSE Mailing Address 928 LAS PALMAS DRIVE City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SANTA BARBARA FEC ID number of contributing federal political committee.	CA 93110	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	1
N/A	RETIREC)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page carry total to Line 6)	1000.00

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	3 /	32
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FEMINIST MAJORITY			
Full Name (Last, First, Middle Initial) of Payee FEMINIST MAJORITY			Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1600 WILSON BLVD SUITE 801			Amount
City ARLINGTON	State VA	Zip Code 22209	1236.73
Purpose of Expenditure SALARIES AND BENEFITS		Category/ Type	Office Sought: X House State: PA House Senate District: 16
Name of Federal Candidate Supported or Oppo LOIS HERR	osed by Expenditure): 	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		5322.95	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee FEMINIST MAJORITY			Date M M / D D / Y Y Y Y
Mailing Address 1600 WILSON BLVD SUITE 801			1 1 1 5 2 0 1 0 Amount
City ARLINGTON	State VA	Zip Code 22209	3526.91
Purpose of Expenditure SALARIES AND BENEFITS		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opportunity BARBARA BOXER	osed by Expenditure): -	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		28378.75	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee MONICA VIERA			Date M M / D D / Y Y Y Y
Mailing Address 1601 EARL WARREN DR			Amount 2010
LOS ANGELES	State CA	Zip Code 90815	390.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Oppo BARBARA BOXER	osed by Expenditure): 	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		530.00	Disbursement For: 2010 Other (specify) Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures		5153.64
(b) SUBTOTALof Unitemized Independent Exp	penditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to			L

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	4 /	32
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FEMINIST MAJORITY		
Full Name (Last, First, Middle Initial) of Payee MIRANDA BRANDLEN	Date	
Mailing Address 1310 TURK STREET	Amor	11 10 2010
City State SAN FRANCISCO CA	Zip Code 94115	475.00
Purpose of Expenditure CONSULTANT	Category/ Type Office Sough	ht: House State: CA X Senate District:
Name of Federal Candidate Supported or Opposed by Expend BARBARA BOXER	ture: Check One	President
Calendar Year-To-Date Per Election for Office Sought	Disburseme 635.00 Other (sp	2010 Trillary 11 General
Full Name (Last, First, Middle Initial) of Payee KARISHMA HIRANI	Date	M M / D D / Y Y Y Y Y Y 1 1 0 2 0 1 0
Mailing Address 11529 WISTFUL VISTA WAY	Amoi	unt
City State NORTHRIDGE CA	Zip Code 91326	130.00
Purpose of Expenditure CONSULTANT	Category/ Type Office Soug Senate	ht: House State: CA X Senate District:
Name of Federal Candidate Supported or Opposed by Expend BARBARA BOXER	ture: Check One	President
Calendar Year-To-Date Per Election for Office Sought	Disburseme	2010 Timary [1] denotal
Full Name (Last, First, Middle Initial) of Payee ROSHANN WALLEN	Date	M M / D D / Y Y Y Y Y Y 1 1 0 2 0 1 0
Mailing Address 1356 MARCH AVENUE	Amor	
City State CA	Zip Code 94706	233.00
Purpose of Expenditure CONSULTANT	Category/ Type Senate	ht: House State: <u>CA</u> X Senate District:
Name of Federal Candidate Supported or Opposed by Expend BARBARA BOXER	ture: Check One	President
Calendar Year-To-Date Per Election for Office Sought	Disburseme 255.00 Other (sp	2010 Timary [11] denotal
(a) SUBTOTAL of Itemized Independent Expenditures		860.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	5 /	32
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FEMINIST MAJORITY		
Full Name (Last, First, Middle Initial) of Payee ROSHANN WALLEN		Date
Mailing Address 1356 MARCH AVENUE		M M / D D / Y Y Y Y Y Y Amount
City State ALBANY CA	Zip Code 94706	132.88
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expendit BARBARA BOXER	ture:	President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	387.88	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee STEVEN DUPRE		Date M M / D D / Y Y Y Y
Mailing Address 323 NOE STREET		M M / D D / Y Y Y Y Y A Amount
City State SAN FRANCISCO CA	Zip Code 94114	335.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expendit BARBARA BOXER	ture:	President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	335.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee ANGELICA GONZALEZ		Date M M / D D / Y Y Y Y
Mailing Address 2540 REGENT STREET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State BERKELEY CA	Zip Code 94704	340.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expendit BARBARA BOXER	ture:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	340.00	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		807.88
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	6 /	32
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FEMINIST MAJORITY		
Full Name (Last, First, Middle Initial) of Payee ALISON BOLLACH		Date
Mailing Address 675 ALVARADO AVE		1 1 1 0 2 0 1 0 Amount
City State DAVIS CA	Zip Code 95616	375.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditur BARBARA BOXER	re:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	375.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee CARYN BOWER		Date Date Date Dat
Mailing Address 29577 OCEANRIDGE DRIVE		Amount
City State RANCHO PALOS VERDE CA	Zip Code 90275	650.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditur BARBARA BOXER	re:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	650.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee EMILY LOEN		Date M_M_M / D_D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 921 LA SERENA DRIVE		Amount 552.50
City State FAIR OAKS CA	Zip Code 95628	
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditur BARBARA BOXER	re:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	552.50	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1577,50
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

PAGE / / 32	PAGE	7 / 32	
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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) **FEMINIST MAJORITY** Full Name (Last, First, Middle Initial) of Payee Date MALLORY COOPER 2010 Mailing Address 375 S. 9TH STREET Amount #5039 100.00 City State Zip Code SAN JOSE CA 95112 Purpose of Expenditure Office Sought: House Category/ State: CA CONSULTANT Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 100.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date LAURA COKER 2010 Mailing Address **Amount 2307 I STREET** #6 550.00 Zip Code City State **SACRAMENTO** CA 95816 Purpose of Expenditure Office Sought: House State: CA Category/ CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: χ Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 705.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date SASCHA BROWN 2010 Mailing Address Amount 405 S 7TH STREET APT A 385.00 Zip Code City State SAN JOSE CA 95112 Purpose of Expenditure Office Sought: State: CA Category/ House CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 385.00 for Office Sought Other (specify) 1035.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	8 /	32
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FEMINIST MAJORITY		
Full Name (Last, First, Middle Initial) of Payee LAURA GREENE		Date
		M M / D D / Y Y Y Y 1 1 1 1 0 2 0 1 0
Mailing Address 5677 MONTEZUMA RD APT D		Amount 323.50
City State SAN DIEGO CA	Zip Code 92115	323.30
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	C	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	323.50 D	Other (specify)
Full Name (Last, First, Middle Initial) of Payee FRANCESCA COLLINS	<u> </u>	Date M M / D D / Y Y Y Y
Mailing Address 6595 MONTEZUMA RD APT 54		Amount 1 0 2 0 1 0
City State SAN DIEGO CA	Zip Code 92115	450.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	C	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	450.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee SAMANTHA SILBERMAN	'	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11314 STEVENS AVE		Amount
City State CULVER CITY CA	Zip Code 90230	255.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	C	President District. Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	255.00 D	Other (specify) Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1028.50
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	9 /	32
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FEMINIST MAJORITY		
Full Name (Last, First, Middle Initial) of Payee LAURA ROBLES		Date
Mailing Address 7661 PICKERING AVENUE		M M / D D / Y Y Y Y Y Amount
City State WHITTIER CA	Zip Code 90602	100.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District
Name of Federal Candidate Supported or Opposed by Expenditu BARBARA BOXER	ure:	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	100.00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee RINA CERVANTES		Date Date
Mailing Address 12007 NEWMINE AVE		Amount
City State NORWALK CA	Zip Code 90650	120.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu BARBARA BOXER	ure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	120.00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee LLOYD ROBINSON		Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 641 LANDFAIR AVE		Amount 120.00
City State CA	Zip Code	120.00
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu BARBARA BOXER	ure:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	120.00	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		340.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES NAME OF FILER (In Full)

PAGE	10	/ 32
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FEMINIST MAJORITY			
Full Name (Last, First, Middle Initial) of Payee JOHNNY TOLBERT			Date
Mailing Address 2029 OLYMPIC BLVD #101			M M / D D / Y Y Y Y Y Amount
City SANTA MONICA	State CA	Zip Code 90404	130.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Oppo BARBARA BOXER	osed by Expenditure:		President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		130.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee SOPHIA HANJANI			Date Date
Mailing Address 38640 GLENMOOR DR			Amount
City FREMONT	State CA	Zip Code 94536	205.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Oppo BARBARA BOXER	osed by Expenditure:		President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		315.00	Disbursement For: 2010 Other (specify) Disbursement For: Primary X General
Full Name (Last, First, Middle Initial) of Payee AVA TUMBARELLO			Date M M / D D / Y Y Y Y
Mailing Address 10000 PLACER STREET APT D			Amount 120.00
City RANCHO CUCAMONGA	State CA	Zip Code 91730	120.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Oppo BARBARA BOXER	osed by Expenditure:		President Oppose Oppose
Calendar Year-To-Date Per Election for Office Sought		120.00	Disbursement For: 2010 Other (specify) Primary X General
(a) SUBTOTAL of Itemized Independent Expen	nditures		455.00
(b) SUBTOTALof Unitemized Independent Exp	oenditures		
(c) TOTAL Independent Expenditures			

PAGE	11	/ 32
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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) **FEMINIST MAJORITY** Full Name (Last, First, Middle Initial) of Payee Date **GISELLE SORIAL** 2010 Mailing Address 223 EAST SHADY GROVE DR Amount 792.50 State Zip Code **RIVERSIDE** CA 92507 Purpose of Expenditure Office Sought: House Category/ State: CA CONSULTANT Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 792.50 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date ANDREW JENKINS 2010 Mailing Address **Amount** 342 JUNIPERO AVE 520.00 Zip Code City State LONG BEACH CA 90814 Purpose of Expenditure Office Sought: House Category/ State: CA CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: χ Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 520.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **ROXANNA GRACIA** 2010 Mailing Address Amount 5050 GARFORD ST APT 35 240.00 Zip Code State City 90815 LONG BEACH CA Purpose of Expenditure Office Sought: State: CA Category/ House CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 240.00 for Office Sought Other (specify) 1552.50 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

PAGE 12 / 32

ME OF FILER (In Full) FEMINIST MAJORITY						
Full Name (Last, First, Middle Initial) of Payee SARA CASTLEDINE				Date		V V V V
Mailing Address 4300 E 4TH ST				Amount	/ D D /	Y ŽOŽOŠ
City LONG BEACH	State CA	Zip Code 90814		<u> </u>		330.00
Purpose of Expenditure CONSULTANT		Category/ Type		rice Sought: Senate	House X Senate	State: CA
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Ch	eck One:	President X Support	District:
Calendar Year-To-Date Per Election for Office Sought		330.00		bursement For 2010 Other (specify)	I Illiary	X General
Full Name (Last, First, Middle Initial) of Payee NEEKTA KHORSAND			•	Date M M 1 1		Y Y Y Y Y 2 0 1 0
Mailing Address 15282 NANTES				Amount	10	
City IRVINE	State CA	Zip Code 92604			• • • • •	617.50
Purpose of Expenditure CONSULTANT		Category/ Type		ice Sought: Senate	House X Senate	State: CA District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Ch	eck One:	President X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		1221.84		bursement For 2010 Other (specify)	i iiiiai y	X General
Full Name (Last, First, Middle Initial) of Payee BERNIE CERNA				Date	/ D D /	Y Y Y Y
Mailing Address 5325 HUNTINGTON DR N #104				Amount	10	
City LOS ANGELES	State CA	Zip Code 90032				205.50
Purpose of Expenditure CONSULTANT		Category/ Type		ice Sought: Senate	House X Senate	State: CA District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Ch	eck One:	President X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		205.50		bursement For 2010 Other (specify)		X General
(a) SUBTOTAL of Itemized Independent Expe	enditures					1153.00
(b) SUBTOTALof Unitemized Independent Ex	xpenditures					
(c) TOTAL Independent Expenditures(carry total from last page forward						

Image# 11930321641 SCHEDULE 5-E

PAGE	13 /	32
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MIZED INDEPENDENT EXPENDITURI			FOR LINE 7 FOR FORM 5
ME OF FILER (In Full) EMINIST MAJORITY			
Full Name (Last, First, Middle Initial) of Payee			1
MON-SHANE CHOU			Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 37 WEST MAGNA VISTA AVE			1.1 1.0 2.0.1.0 Amount
City ARCADIA	State CA	Zip Code 91007	350.00
Purpose of Expenditure		Category/	Office Sought: House State: CA
CONSULTANT		Type	Senate X Senate District:
Name of Federal Candidate Supported or Oppose	d by Expenditure	:	President District.
BARBARA BOXER			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		440.00	Disbursement For: 2010 Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee			<u> </u>
JOCELYN DUARTE			Date M M / D D / Y Y Y Y
Mailing Address			11 10 2010
1350 S THEMAINE AVE			Amount
City	State	Zip Code	145.00
LOS ANGELES	CA	90019	
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA
Name of Federal Candidate Supported or Oppose	d by Evpanditura		Senate X Senate President District:
BARBARA BOXER	a by Experialitire	·.	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		145.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee HANNA PETERSEN			Date M M / D D / Y Y Y Y
Mailing Address 22102 DEL VALLE ST			Amount M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	90.00
WOODLAND HILLS	CA	91369	
Purpose of Expenditure		Category/	Office Sought: House State:
CONSULTANT		Туре	Senate
Name of Federal Candidate Supported or Oppose BARBARA BOXER	d by Expenditure	:	President District: Check One: Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		90.00	2010 Other (specify)
a) SUBTOTAL of Itemized Independent Expendit	ures		585.00
b) SUBTOTALof Unitemized Independent Expen			
z, zzzienien zamenien zapen			
c) TOTAL Independent Expenditures			

(carry total from last page forward to Line 7)

PAGE	14 /	32
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NAME OF FILER (In Full)	
FEMINIST MAJORITY	
Full Name (Last, First, Middle Initial) of Payee SUZANNE ROCCO	Date
Mailing Address 526 W MCELHANY	M M / D D / Y Y Y Y Y A Amount
City State Zip Code SANTA MARIA CA 93458	160.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 215.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee TAYLOR V OCONNOR	Date Date Date Date Date Date Date Date Date Date
Mailing Address 639 W. CANON PERDIDO	Amount 670.00
City State Zip Code SANTA BARBARA CA 93101	
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1050.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee SARAH GODAY	Date Date Date D
Mailing Address 10950 CHURCH ST APT. 1923	Amount
City State Zip Code RANCHO CUCAMONGA CA 91730	802.50
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2601.69	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1632.50
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

ME OF FILER (In Full)			FOR LINE / FOR FORIVI 5
EMINIST MAJORITY			
Full Name (Last, First, Middle Initial) of Payee SARAH GODAY			Date M M / D D / Y Y Y Y
Mailing Address 10950 CHURCH STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
#1923 City RANCHO CUCAMONGA	State CA	Zip Code 91730	225.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Opp BARBARA BOXER	cosed by Expenditure:		President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		2826.69	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee KATHLEEN RICHTER			Date Date D D
Mailing Address 113 N HAMILTON #6			Amount
City BEVERLY HILLS	State CA	Zip Code 90211	180.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	cosed by Expenditure:		President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		180.00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee MONICA HEITMAN			Date M M / D D / Y Y Y Y
Mailing Address 583 9TH AVENUE			1 1 1 0 2 0 1 0 Amount
City SAN FRANCISCO	State CA	Zip Code 94118	455.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		455.00	Disbursement For: 2010 Other (specify) Primary X General
a) SUBTOTAL of Itemized Independent Expe	enditures		860.00
b) SUBTOTALof Unitemized Independent Ex	xpenditures		
c) TOTAL Independent Expenditures			
(carry total from last page forward	to Line 7)		

PAGE 16 / 32

FEMINIST MAJORITY	
Full Name (Last, First, Middle Initial) of Payee	Date
CUELLAR H ANN	1 1
Mailing Address 3467 SABRINA ST	Amount
City State Zip Code LOS ANGELES CA 90023	500.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 500.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee KAREN NAVA	Date M M / D D / Y Y Y Y
Mailing Address 137 S GREENWOOD AVE	1 1 1 0 2 0 1 0 Amount
City State Zip Code MONTEBELLO CA 90640	450.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 450.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee EMILY BENGSTON	Date Date D
Mailing Address 1212 OLIVIA AVE	Amount
City State Zip Code ANN ARBOR MI 48104	550.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 550.00	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1500.00
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

PAGE 1	7 / 3	32
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Full Name (Look First Middle Letter) of Day				
Full Name (Last, First, Middle Initial) of Payee MEHRIN RAHMAN				Date
Mailing Address 7351 FORBES AVE				Amount
City	State	Zip Code		550.00
LAKE BALBOA	CA	91406		
Purpose of Expenditure CONSULTANT		Category/ Type		Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Oppose BARBARA BOXER	ed by Expenditure:	:		President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		550.	.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
KERENSA CADENAS				M M / D D / Y Y Y Y 1 1 1 1 0 2 0 1 0
Mailing Address 150 S MARTEL AVE				Amount
City LOS ANGELES	State CA	Zip Code 90036		300.00
Purpose of Expenditure CONSULTANT		Category/ Type		Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Oppose BARBARA BOXER	ed by Expenditure:	:		President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		300.	.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee JULIE SHAFFER				Date M M / D D / Y Y Y
Mailing Address 1321 N VISTA STREET 104				Amount 2 0 1 0
City LOS ANGELES	State CA	Zip Code 90046		340.00
Purpose of Expenditure CONSULTANTS		Category/ Type		Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Oppose BARBARA BOXER	ed by Expenditure:	:		President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		340.	.00	Disbursement For: 2010 Other (specify)
a) SUBTOTAL of Itemized Independent Expendit	tures			1190.00
b) SUBTOTALof Unitemized Independent Exper	P.			

Image# 11930321646 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	18	32
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ME OF FILER (In Full)			FOR LINE / FOR FORI
EMINIST MAJORITY			
Full Name (Last, First, Middle Initial) of Payee			Date
YESENIA ACOSTA			
Mailing Address			11 10 201
251 EAST AVE P4			Amount
Dity	State	Zip Code	305.00
PALMDALE	CA	93550	
Purpose of Expenditure		Category/	Office Sought: House State:
CONSULTANT		Туре	Senate X Senate District:
Name of Federal Candidate Supported or Oppose BARBARA BOXER	ed by Expenditure:		President —
SARBANA DUAEN			Check One: X Support Oppos
Calendar Year-To-Date Per Election			Disbursement For: Primary X General Primary
for Office Sought		533.60	Other (specify)
ull Name (Last, First, Middle Initial) of Payee			Date
GISELLE MARTINEZ			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
6750 EL COLEGIO RD APT 144			Amount
City	State	Zip Code	220.00
GOLETA	CA	93117	
Purpose of Expenditure CONSULTANT		Category/	Office Sought: House State:
	· ·	Type	Senate X Senate District: _
Name of Federal Candidate Supported or Oppose BARBARA BOXER	ed by Expenditure:		President —
			Check One: X Support Oppos
Calendar Year-To-Date Per Election		220.00	Disbursement For: Primary X General Actions 2010
for Office Sought			Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
DOLORES VERA			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			1 1 1 0 2 0 1 Amount
704 NORLAND DR			413.00
City SACRAMENTO	State CA	Zip Code	
		·	Office Courabi
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Oppose	ad by Evpanditure:		Senate X Senate President District:
BARBARA BOXER	ed by Expenditure.		Check One: X Support Oppos
Calendar Year-To-Date Per Election		413.00	2010
for Office Sought		110.00	Other (specify)
		_	938.00
SUBTOTAL of Itemized Independent Expendi	tures		
(b) SUBTOTALof Unitemized Independent Exper	nditures		
b) 665161A261 671160111264 Independent Expon	Tartai Go		
c) TOTAL Independent Expenditures			
(carry total from last page forward to L	₋ine 7)		

PAGE	19	/	32
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FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) **FEMINIST MAJORITY** Full Name (Last, First, Middle Initial) of Payee Date **KOLEIKA SEIGLE** 2010 Mailing Address Amount 2241 DURAN AVE 330.00 City State Zip Code **BERKELEY** CA 94704 Purpose of Expenditure Office Sought: Category/ House State: CA CONSULTANT Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 330.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date MONICA RUIZ 2010 Mailing Address **Amount** 1036 W 95TH STREET #4 875.00 Zip Code City State LOS ANGELES CA 90044 Purpose of Expenditure Office Sought: House Category/ State: CA CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: χ Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 1157.50 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **EMILY E WICK** 2010 Mailing Address Amount 9346 LAKEWOOD DR 457.50 Zip Code State City WINDSOR CA 95492 Purpose of Expenditure Office Sought: State: CA Category/ House CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 692.50 for Office Sought Other (specify) 1662.50 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

PAGE 2	20 / 32
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IAME OF FILER (In Full)	
FEMINIST MAJORITY	
Full Name (Last, First, Middle Initial) of Payee MICHAEL GARCIA	Date
Mailing Address 747 S. MONTEZUMA WAY	M M / D D / Y Y Y Y Y Y A Amount
City State Zip Code WEST COVINA CA 91791	124.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee EDEN PANG	Date Date Date Date Date Date Date Date Date Date
Mailing Address 2610 HILLEGASS AVE APT 102	Amount 350.00
City State Zip Code BERKELEY CA 94704	
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 350.00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee JONATHAN URIARTE	Date M
Mailing Address 2240 BLAKE STREET 401	Amount
City State Zip Code BERKELEY CA 94704	510.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 510.00	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	984.00
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

SCHEDULE 5-E

PAGE	21	/	32
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ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) **FEMINIST MAJORITY** Full Name (Last, First, Middle Initial) of Payee Date MARLOES SIJSTERMANS 2010 Mailing Address Amount 521 FREMONT AVE 70.00 City State Zip Code LOS ALTOS CA 94024 Purpose of Expenditure Office Sought: Category/ House State: CA CONSULTANT Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 70.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date SARAHI C PADILLA 2010 Mailing Address **Amount** 2261 CHANTILLY TERRACE 445.00 Zip Code City State ORIEDO FL 32765 Purpose of Expenditure Office Sought: House State: CA Category/ CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: χ Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 560.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date YASSAMIN ANSARI 2010 Mailing Address Amount 10859 E. FEATHERSONG LAKE 450.00 Zip Code City State 85255 **SCOTTSDALE** ΑZ Purpose of Expenditure Office Sought: State: CA Category/ House CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 450.00 for Office Sought Other (specify) 965.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	22 /	32
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FEMINIST MAJORITY		
Full Name (Last, First, Middle Initial) of Payee		Date
ANGELA CHANG		M M / D D / Y Y Y Y
Mailing Address 2610 HILLEGASS AVE APT 102		Amount
City State	Zip Code	255.00
BERKELEY CA	94704	
Purpose of Expenditure	Category/	Office Sought: House State: CA
CONSULTANT	Туре	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	280.00	Disbursement For: 2010 Other (specify) Primary X General
Full Name (Last, First, Middle Initial) of Payee	·	Date
ANA LEONOR		M M / D D / Y Y Y Y
Mailing Address 6507 TRIGO RD		Amount 2 0 1 0
6507 TRIGO ND		560.00
City State CA	Zip Code 93117	300.00
Purpose of Expenditure	Catagory	Office Sought: House State: CA
CONSULTANT	Category/ Type	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:		President District:
BARBARA BOXER		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	665.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	l I	Date
LIZ NAVARRO		
Mailing Address		11 10 2010
2457 LAMBERT DR		Amount
City State PASADENA CA	Zip Code 91107	190.00
Purpose of Expenditure	Category/	Office Sought: House State: CA
CONSULTANT	Type	Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District:
BARBARA BOXER		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	190.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1005.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	23	/ 32	2
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FEMINIST MAJORITY	
Full Name (Last, First, Middle Initial) of Payee JOCELYN SILVA	Date M M / D D / Y Y Y Y
Mailing Address 12024 CARL STREET	M M M / D D / Y Y Y Y Y A Y A Y A Y A Y A Y A Y A Y
City State Zip Coc SYLMAR CA 91342	
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee JOCELYN SILVA	Date M M / D D / Y Y Y Y
Mailing Address 12024 CARL STREET	1 1 1 5 2 0 1 0 Amount
City State Zip Coc SYLMAR CA 91342	
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 24.50 Other (specify)
Full Name (Last, First, Middle Initial) of Payee MARINA BUTLER	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 710 CORY DRIVE	Amount 440.00
City State Zip Coc INGLEWOOD CA 90302	de La constant de la
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	864.50
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 24 / 32

FEMINIST MAJORITY	
Full Name (Last, First, Middle Initial) of Payee SHAE PESEK	Date
Mailing Address 3658 PROMONTOY ST	Amount / D D / Y Y Y Y Y Y Y Y
City State Zip Code SAN DIEGO CA 92109	560.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 560.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee ECHO ZEN	Date Date Date Date Date Date Date Date Da
Mailing Address 2247 EL AMIGO RD	Amount
City State Zip Code DEL MAR CA 92014	740.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 740.00	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee ECHO ZEN	Date Date Date Dat
Mailing Address 2247 EL AMIGO RD	Amount
City State Zip Code DEL MAR CA 92014	250.00
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 990.00	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1550.00
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

PAGE	25 /	32
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ME OF FILER (In Full) FEMINIST MAJORITY			
Full Name (Last, First, Middle Initial) of Payee MICHELLE LOUDEN			Date
Mailing Address 7655 PALMILLA DR 4302			1 1 1 0 2 0 1 0 Amount
City SAN DIEGO	State CA	Zip Code 92122	835.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:	•	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		835.00	Disbursement For: 2010 Other (specify) Primary X General
Full Name (Last, First, Middle Initial) of Payee DAVID CASARRUBIAS			Date Date Date D
Mailing Address 1601 EARL WARREN DR 113N			Amount 257.50
City LONG BEACH	State CA	Zip Code 90815	
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:	•	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		.00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee SAMANTHA CASTILLO			Date M M / D D / Y Y Y Y
Mailing Address 1056 CAROL WAY D			Amount 2 0 1 0
City MONTEBELLO	State CA	Zip Code 90640	257.50
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		257.50	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures		1350.00
(b) SUBTOTALof Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures(carry total from last page forward			

PAGE	26	32
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AME OF FILER (In Full) FEMINIST MAJORITY			
Full Name (Last, First, Middle Initial) of Payee DENISSE MENDEZ			Date M M / D D / Y Y Y Y
Mailing Address PO BOX 720724			Amount 1 0 2 0 1 0
City SAN JOSE	State CA	Zip Code 05172	430.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		430.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee CRYSTAL NAVA			Date Date D
Mailing Address 192 AMHERST AISLE			Amount 405.00
City IRVINE	State CA	Zip Code 92612	403.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		405.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee HANNA ISRAEL			Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 148 N CHESTER AVE			Amount
City PASADENA	State CA	Zip Code 91106	305.00
Purpose of Expenditure CONSULTANT		Category/ Type	Office Sought: House State: CA Senate X Senate District:
Name of Federal Candidate Supported or Opp BARBARA BOXER	posed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		415.00	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures		1140.00
(b) SUBTOTALof Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures(carry total from last page forward			

PAGE 2	27 /	32
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AME OF FILER (In Full)			FOR LINE / FOR FORIM 5
FEMINIST MAJORITY			
LIMINIOT MACCITIT			
Full Name (Last, First, Middle Initial) of Payee			Date
DANA A DREHER			M M / D D / Y Y Y
Mailing Address			1 1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3953A FILLMORE ST			Amount
0.1	01-1-	7'- 0-4-	1500.00
City ST LOUIS	State MO	Zip Code 63116	
	IVIO	1	
Purpose of Expenditure		Category/	Office Sought: House State: CA
CONSULTANT		Type	Senate X Senate District:
Name of Federal Candidate Supported or Oppo	sed by Expenditure:		President President
BARBARA BOXER			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		3500.00	2010 — —
for Office Sought		0000.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
MIRANDA PETERSEN			
Mailing Address			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 2029 OLYMPIC BLVD			Amount
101			1500.00
City	State	Zip Code	
SANTA MONICA	CA	90404	
Purpose of Expenditure		Category/	Office Sought: House State: CA
CONSULTANT		Туре	Senate X Senate
Name of Federal Candidate Supported or Oppo	sed by Expenditure:	:	President District:
BARBARA BOXER			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		4305.01	2010
for Office Sought		4303.01	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
ALEXANDRA TWETEN			
Marilina, Andreas			1 1 D D Z Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2231 N. NIAGRA ST			Amount
			720.00
City	State	Zip Code	
BURBANK	CA	91504	
Purpose of Expenditure		Category/	Office Sought: House State: CA
CONSULTANT		Туре	Senate X Senate
Name of Federal Candidate Supported or Oppo	sed by Expenditure:	:	President District:
BARBARA BOXER	-		Check One: X Support Oppose
Calendar Year-To-Date Per Election		1525.00	Disbursement For: Primary X General 2010
for Office Sought		1525.00	Other (specify)
			'
(a) SUBTOTAL of Itemized Independent Expendent	ditures		3720.00
(b) SUBTOTALof Unitemized Independent Exp	enditures		
· ,			
(c) TOTAL Independent Expenditures			
(carry total from last page forward to			

PAGE	28	/	32
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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) **FEMINIST MAJORITY** Full Name (Last, First, Middle Initial) of Payee Date STEVEN MERCADO 2010 Mailing Address Amount 13638 LAKELAND RD 130.00 State Zip Code WHITTIER CA 90605 Purpose of Expenditure Office Sought: Category/ House State: CA CONSULTANT Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 130.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date SUKHMANDEEP KAUR 2010 Mailing Address **Amount** 2037 SUGARBOWL WAY 455.00 Zip Code City State LODI CA 95242 Purpose of Expenditure Office Sought: House Category/ State: CA CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: χ Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 455.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date SARAH MOORS 2010 Mailing Address Amount 1016 NE 12TH AVE 1260.00 Zip Code City State **GAINESVILLE** FL 32601 Purpose of Expenditure Office Sought: State: CA Category/ House CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 1356.65 for Office Sought Other (specify) 1845.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	29	/	32
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FOR LINE 7 FOR FORM 5

FEMINIST MAJORITY Full Name (Last, First, Middle Initial) of Payee Date **DEVIN RUIZ** 2010 Mailing Address Amount 1221 HORN AVE 120.00 City State Zip Code WEST HOLLYWOOD CA 90069 Purpose of Expenditure Office Sought: Category/ House State: CA CONSULTANT Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 120.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **ASHLYN BARNETT** 2010 Mailing Address **Amount** 1955 18TH STREET APT 3 340.00 Zip Code City State SANTA MONICA CA 90404 Purpose of Expenditure Office Sought: House Category/ State: CA CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER, G Check One: χ Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 340.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date JENNIFER ANI 2010 Mailing Address Amount 3 FIRWOOD 417.50 Zip Code City State CA 92604 **IRVINE** Purpose of Expenditure Office Sought: State: CA Category/ House CONSULTANT Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: **BARBARA BOXER** Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 417.50 for Office Sought Other (specify) 877.50 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

PAGE 30 / 32

IAME OF FILER (In Full)	
FEMINIST MAJORITY	
Full Name (Last, First, Middle Initial) of Payee	Date
SHAHRAZAD M ENCINIAS	
Mailing Address	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7143 BELAIRE AVENUE	Amount
1	60.00
City State Zip Code NORTH HOLLYWOOD CA 91605	
Burnage of Evnanditure	Office Sought: House Out CA
CONSULTANT Category/	State: On
NF.	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President -
BATTER TO THE STATE OF THE STAT	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 60.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
JUSTIN P PRINCE	Date
	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3710 WABASH AVENUE	Amount
APT 416	130.00
City State Zip Code SAN DIEGO CA 92104	
Purpose of Expenditure CONSULTANT Category/ Type	Office Sought: House State: CA
	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	President
DALIDALIA DOALIL	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General 2010
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
KAREN J SCAMMAM	
Molling Address	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 4576 LYRIC LANE	Amount
011 77.0.4	130.00
City State Zip Code SAN DIEGO CA 92117	
Purpose of Evpanditure	Office Sought: House Charles CA
Consultant Category/ Type	State: Ort
7,1-1	Senate X Senate President District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER	
BATTER TO THE STATE OF THE STAT	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	320.00
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line /)	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

FEMINIST MAJORITY				
Full Name (Last, First, Middle Initial) of Payee KRISTINE LUNA		Date		
Mailing Address 7143 BELLAIRE AVE		M M / D D / Y Y Y Y Y Y Amount		
City State NORTH HOLLYWOOD CA	Zip Code 91605	122.50		
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:		
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER		Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	122.50	Disbursement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee POLET BAGATOURIAN		Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7665 PALMILLA DR #5210		Amount 690.00		
City State SAN DIEGO CA	Zip Code 92122	690.00		
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate X Senate District:		
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER		President Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	690.00	Disbursement For: Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee MARIE GHANIME	1	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 3505 FALLENLEAF PLACE		Amount		
City State GLENDALE CA	Zip Code 91206	855.00		
Purpose of Expenditure CONSULTANT	Category/ Type	Office Sought: House State: CA Senate Senate District:		
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER		President Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	855.00	Disbursement For: Primary X General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures		1667.50		
(b) SUBTOTALof Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				

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PAGE 32 / 32 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) **FEMINIST MAJORITY** Full Name (Last, First, Middle Initial) of Payee Date JENNY WOUDENBERG D 2 D $\overset{\scriptscriptstyle{Y}}{2}\,0\,\overset{\scriptscriptstyle{Y}}{1}\,0\,\overset{\scriptscriptstyle{Y}}{0}$ Mailing Address Amount 5852 ADELAIDE AVENUE 395.00 Zip Code State SAN DIEGO CA 92115 Purpose of Expenditure Office Sought: House Category/ State: CA CONSULTANT Type x Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA BOXER Check One: χ Support Oppose X General Disbursement For: Primary Calendar Year-To-Date Per Election 2010 395.00 for Office Sought Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	395.00
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	39014.52